



04-1803

1631

EXPRESS MAIL NO. EV207697520US

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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## TRANSMITTAL FORM

(To be used for all correspondence  
after initial filing)

Application Number	09/854,133
Filing Date	May 11, 2001
First Named Inventor	Michael J. Lodes
Group Art Unit	1631
Examiner Name	James Martinell
Attorney Docket No.	210121.475C10

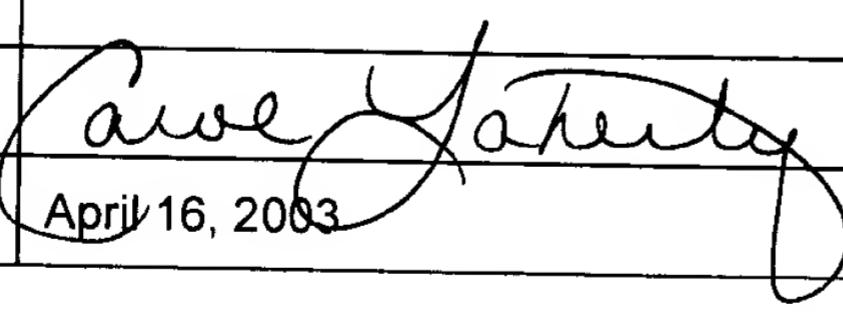
### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Communication to Group
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Cited References	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input type="checkbox"/> Additional Enclosure(s) (please identify below): _____ _____ _____
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Request for Refund	

### Remarks

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Carol D. Laherty, Ph.D.	
Signature		
Date	April 16, 2003	

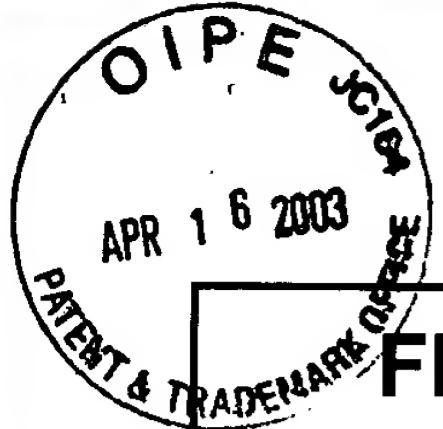
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EXPRESS MAIL NO. EV207697520US

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# FEE TRANSMITTAL for FY 2003

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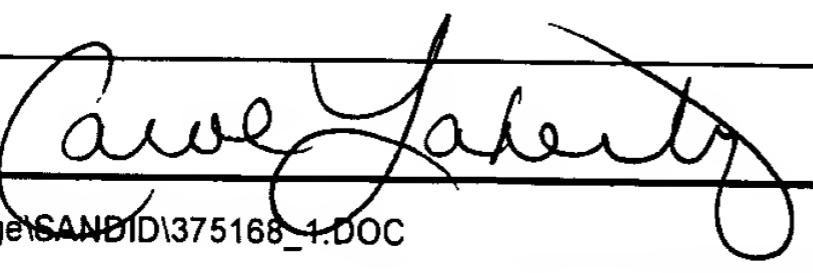
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**TOTAL AMOUNT OF PAYMENT** (\$ **2,508**)

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METHOD OF PAYMENT																																																					
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SUBMITTED BY			
Name (Print/Type)	<b>Carol D. Laherty, Ph.D.</b>	Registration No. Attorney/Agent	<b>51,909</b>
Firm Name/Address			
Signature		Date	April 16, 2003



**00500**

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Payment Enclosed:

Check  Credit card  Money Order  Other

Deposit Account:

Deposit Account Number

**19-1090**

Deposit Account Name

**Seed Intellectual Property Law Group PLLC**

The Commissioner is authorized to (check all that apply)

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SUBTOTAL (1)						(\$)	0

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Total Claims	25	-20**	=	5	*	18	=	90	Extra Claims	Fee from below	Fee Paid
Independent Claims	5	-3**	=	2	*	84	=	168			
Multiple Dependent			*	280		280		280			